

CALIFORNIA AIR RESOURCES BOARD
AQSB MONTHLY QUALITY CONTROL MAINTENANCE CHECKSHEET
BGI PQ100 FOR SPECIAL PURPOSE MONITORING

Location: _____ Month/Year: _____
 Station Number: _____ Technician: _____
 Property Number: _____ Agency: _____

Operator Instructions:

1. Daily Checks: Check LCD internal battery capacity, correct date, time, flow rate, elapsed time, total volume, and total cumulative pump hours.
2. Weekly Checks: Record pumps cumulative hours, the internal clock battery capacity, and the main internal battery capacity.
3. Biweekly Checks: Every two weeks perform and record the results of flow checks on the monthly data sheet.

Transfer Standard Information:

MFM Make & Model: _____ Flow Range: _____
 I.D. (Bar Code): _____ Calibration Date: _____

Date	Sampler I.D.	Transfer Standard Flow Rate (slpm)	Sampler Flow Rate (slpm)	Dev. From True %	Clock Battery %	Internal Battery %	External Battery %	Pump Hours

Operator Comments:
